

MDHHS /CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT

ATTACHMENT
C.6.5.1.1
SECTION
FORM V 2020-1
EFFECTIVE DATE
10/01/19
PAGE OF

1 of 6

Financial Status Report - All Non-Medicaid Supplemental

1.0 General Report Overview

Effective October 1, 2017, the Michigan Department of Health and Human Services (MDHHS) has modified the functionality of the Financial Status Report (FSR) bundle. The modification to the FSR bundle is designed to increase reporting efficiency for the Community Mental Health Services Programs (CMHSPs) and the Prepaid Inpatient Health Plans (PIHPs). The FSR bundle will now allow FSR reporting specific to the needs of the reporting board. There are three FSR report types; CMHSP (Non-Medicaid reporting), PIHP (Medicaid/Affiliate CMHSP reporting) and Stand Alone (Detroit-Wayne, Oakland, Macomb). The selected FSR will only display the applicable report tabs, columns and rows.

Please note that the report tabs, columns and rows that are not applicable are hidden or relabeled to condense the FSR bundle. Additionally, the financial reporting instructions for each form within the FSR bundle have not been modified. All column, row, cell and formula references remain intact and should only be considered if applicable to the selected FSR.

The Financial Status Report (FSR) – All Non-Medicaid Supplemental is a comprehensive report of the behavioral health MDHHS earned contracts. The FSR - All Non-Medicaid Supplemental will be utilized to report the revenues and expenditures associated with MDHHS Earned Contracts. Expenditures in the supplemental should include expenditures for services or goods as outlined in the applicable contractual agreement. Any local match requirement per a specific earned contract should be reported in Section M – Local Funds, Row M 207 – Local Match to Grants and MDHHS Earned Contracts. Since only expenditures funded by the MDHHS for earned contracts will be reported in the supplemental, there are no columns for redirections. The total balance of all MDHHS Earned Contracts cannot be less than zero.

<u>Note</u>: A PIHP Regional Entity utilization of restricted fund balance to meet SUD Non-Medicaid local match requirements should utilize row 1.d, Current Period Financing SUD Non-Medicaid of the Restricted Fund Balance Activity report

The FSR – All Non-Medicaid Supplemental lists behavioral health MDHHS earned contracts by the grant program and project. The revenue and expenditures should be reported according to the funding arrangements outlined in the contract for a particular grant program and project.

The CMHSP shall comply with Generally Accepted Accounting Principles, along with any other federal and state regulations as defined in the GF Contract. With the exception of the Special Fund Account – Section 226(a) of the Mental Health Code (MHC), all revenue and expenditures are required to be reported on an accrual basis of accounting. As such, the revenue and expenditure amounts reported must include all earned reimbursements and/or obligations regardless of whether they have been billed or collected. Additionally, any adjustments for uncollectible amounts or write-offs should be included. The FSR – All Non-Medicaid Supplemental must reconcile to the CMHSP's general ledger.



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ATTACHMENT
C.6.5.1.1
SECTION
FORM V 2020-1
EFFECTIVE DATE
10/01/19
PAGE OF

2 of 6

Financial Status Report - All Non-Medicaid Supplemental

2.0 Report - Due Dates

Refer to the reporting grid incorporated in Attachment C.6.5.1.1 of the Contract for identification of report due dates. The reporting grid can be found on the MDHHS website: https://www.michigan.gov/mdhhs/0,5885,7-339-71550 2941 38765---,00.html

3.0 Report Submission

3.1 Report Submitted via US Mail

This is no longer applicable. Electronic report submission required.

3.2 Report Submission – Electronic

The report should be submitted electronically to the department by the due date identified in 2.0 above at MDHHS-BHDDA-Contracts-MGMT@michigan.gov.

The report's file name must identify the reporting fiscal year, period covered (submission type), agency name, report title and date of submission. Example: For the FY XX Year End Interim reporting package submitted from network180 for the All Non-Medicaid Financial Status Report, the file name should read FYXX Year End Interim network180 FSRBUNDLE MM-DD-YYYY.

Note: The FSR All Non-Medicaid Supplemental is included in the FSR Bundle. It is not a stand-alone report.

Refer to the Electronic Report Submission Guidelines for report submission specifications.

4.0 Report Specific Navigation or Terminology

Within this document the terms used in these instructions shall be construed and interpreted as defined below:

Medicaid Contract: The Medicaid Managed Specialty Supports and Services Concurrent 1115, 1915(c)/(i) Waiver Program Contract with selected PIHPs to manage the Concurrent 1115, 1915(c)/(i) and the Healthy Michigan Plan Programs in a designated service area and to provide a comprehensive array of specialty mental health and substance abuse services and supports.

Healthy Michigan Plan: The Healthy Michigan Plan is a new category of eligibility authorized under the Patient Protection and Affordable Care Act and Michigan Public Act 107 of 2013 that began April 1, 2014.



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ATTACHMENT
C.6.5.1.1
SECTION
FORM V 2020-1
EFFECTIVE DATE
10/01/19
PAGE OF

3 of 6

Financial Status Report - All Non-Medicaid Supplemental

GF Contract: MDHHS/CMHSP Managed Mental Health Supports and Services Contract.

PIHP: A CMHSP or Regional Authority that holds the Medicaid Managed Specialty Supports and Services Concurrent 1115 and 1915(c)/(i) Waiver Program Contract with MDHHS and acts as the Prepaid Inpatient Health Plan.

CMHSP: Community Mental Health Services Program that holds the GF Contract with MDHHS.

Regional Authority: An entity, jointly governed by the sponsoring CMHSPs, that has met the MDHHS requirements for selection to be certified to the Center for Medicare and Medicaid Services as a PIHP.

Medicaid Consumer: A Medicaid beneficiary who requires the Medicaid services included under the 1115 and 1915(c)/(i)Waiver Program; or who is eligible for the Healthy Michigan Plan.

IPA: Insurance Provider Assessment Act. Public Act 175 of 2018 created the Insurance Provider Assessment Act. The legislation mandates that effective October 1, 2018, certain insurance providers are required to pay an assessment on certain paid health care revenue.

Substance Use Disorder (SUD): A combination of the federal grant received by the State from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the general fund dollars appropriated by the legislature for the prevention and treatment of SUD.

The Financial Status Report – All Non-Medicaid Supplemental includes cell shading to assist the end user with the completion of the form.

Report headers are shaded in light green.

Cells requiring data entry are shaded in yellow.

Cells that are formula driven and should not have data entered are shaded peach or light turquoise. The cells shaded in light turquoise represent sub-totals or totals.

Select cells have conditional formatting applied so that if an erroneous entry is made the cell will turn orange.

Worksheet protection has been enabled.



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ATTACHMENT
C.6.5.1.1
SECTION
FORM V 2020-1
EFFECTIVE DATE
10/01/19
PAGE OF

4 of 6

Financial Status Report - All Non-Medicaid Supplemental

Precision as displayed functionality has been enabled. As such, Excel will utilize the displayed value instead of the stored value when it recalculates formulas.

The term "Submission Type" on the worksheet refers to the reporting period, i.e., Projection, Interim, and Final.

The following numbering / sequencing have been utilized in the FSR All Non-Medicaid Supplemental: The FSR All Non-Medicaid Supplemental – Column A: Column A is used for reporting the contract revenue.

The FSR All Non-Medicaid Supplemental – Column B: Column B is used for reporting the contract expenditures.

The FSR All Non-Medicaid Supplemental – Column C: Column C is used for reporting the contract balance.

There are two columns requiring data entry: Column A and Column B. These columns represent revenues and expenditures for each MDHHS earned contract.

The FSR All Non-Medicaid Supplemental – Row Layout: All rows contain an H alpha reference, a grant program code, grant program title, project code, project title, revenue, expenditures and the associated balance. The alpha reference identifies the related section of the FSR All Non-Medicaid.

5.0 Instructions for Completion of the Report

The CMHSP name, Fiscal Year, Submission Type and Submission Date have been brought forward from the FSR – All Non-Medicaid.

5.1 Section H - MDHHS Earned Contracts

The CMHSP and the PIHP will utilize this section to report revenues and expenditures associated to MDHHS Earned Contracts. For ease of reporting, the earned contracts are grouped by the associated MDHHS grant program. Expenditures in this section should include expenditures for services or goods for the provision of services as stated in the applicable contractual agreement. Any Local match that is required by the specific Earned Contract should be reported in Section M – Local Funds, Row M 207 – Local Match to Grants and MDHHS Earned Contracts. Since only expenditures funded by the MDHHS for Earned Contracts will be reported in this section, there are no rows for redirection. The Balance MDHHS Earned Contracts must be reported according to the applicable contractual agreement.



MDHHS /CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT

ATTACHMENT
C.6.5.1.1
SECTION
FORM V 2020-1
EFFECTIVE DATE
10/01/19
PAGE OF
5 of 6

Financial Status Report - All Non-Medicaid Supplemental

<u>Note</u>: A PIHP Regional Entity utilization of restricted fund balance to meet SUD Non-Medicaid local match requirements should utilize row 1.d, Current Period Financing SUD Non-Medicaid of the Restricted Fund Balance Activity report.

COLUMN INSTRUCTIONS:

COLUMN A

This column is the label REVENUE. The rows immediately following will represent the revenues available to fund current year expenditures for various MDHHS Earned Contracts.

COLUMN B

This column is the label EXPENDITURE. The rows immediately following will represent the current year expenditures for various MDHHS Earned Contracts.

COLUMN C

This column is the label BALANCE. The rows immediately following will represent the balance for various MDHHS Earned Contracts, as applicable. The cells are formula driven. The formula is *Column A, Revenue less Column B, Expenditures*.

Note: The Balance MDHHS Earned Contracts must be reported according to the applicable contractual agreement.

ROW INSTRUCTIONS:

ROW H MDHHS EARNED CONTRACTS

This row is the label MDHHS Earned Contracts.

ROW H GRANT PROGRAM CODE, GRANT PROGRAM TITLE, PROJECT CODE, PROJECT TITLE, REVENUE, EXPENDITURES, BALANCE

This row contains the column labels for MDHHS Earned Contract reporting. The rows immediately following will represent the revenues, expenditures and balance of funding related to MDHHS earned contractual agreements.

In Column A, Revenue, enter the revenue available to fund current year expenditures and in Column B, Expenditures, enter the associated expenditures for the applicable MDHHS Earned Contracts.

Note:

• A Project Code containing an asterisk(s) (*) is associated with more than one project/contract. The PIHP/CMHSP must enter the associated Project Title (e.g. Project Code: DROP** Project Title: KANDU ISLAND DROP-IN CENTER).



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ATTACHMENT
C.6.5.1.1
SECTION
FORM V 2020-1
EFFECTIVE DATE
10/01/19
PAGE OF
6 of 6

Financial Status Report - All Non-Medicaid Supplemental

Row H Other (describe) should be utilized for any other contract with MDHHS that
has not been previously listed. Additionally, please enter a description of the
contract by using the edit (F2) function in EXCEL. If the space provided is
insufficient, please utilize Section Q – Remarks.

ROW H SUBTOTAL

MDHHS Earned Contracts are grouped by grant program. Each grant program has a subtotal row. Column A, Revenue, Column B, Expenditure and Column C, Balance subtotals are formula driven. The formula is the sum Column A, Revenue, the sum Column B, Expenditure and the sum Column C, Balance of each MDHHS Earned Contract within a grant program.

ROW H BALANCE MDHHS EARNED CONTRACTS (CANNOT BE < 0)

As the row title indicates, the amount in the Column C, Balance cannot be less than zero. This cell is formula driven. The formula is the sum row H Subtotal, Column C, Balance of each MDHHS Earned Contracts grant program.

5.2 SECTION Q - REMARKS

This section has been provided for the CMHSP to provide narrative descriptions as necessary. If this space is insufficient, please utilize the "Additional Narrative" tab within the FSR Bundle.